QUESTIONS AND ANSWERS Request for Proposal (RFP) 03-75880

www.dhs.ca.gov/cancerdetection (see Marketing Campaign RFP link)

- Q-1: Does CDS currently have a network of community-based organizations that can be used for the purposes of this contract?
- Q-2: Can you tell us about the regional partnerships?
- A: CDS works with ten Partnerships throughout the State (refer to CDS website, CDS Information Packet). The selected contractor will, at CDS direction, have some interface with these Partnerships.
- Q-3: Who is the current contractor(s) for CDS's Cancer Detection Programs: Every Woman Counts Cancer Screening Marketing Campaign?
- Q-4: Who is the current marketing contractor? Is there more than one marketing contractor? When does the current contract expire?
- Q-5: Is there an incumbent agency currently handling this program? Who is the current agency of record?
- Q-6: Who is the incumbent/current agency of record?
- Q-7: Who is the incumbent and how long have they been working for CDS?
- A: The current contract was awarded to Public Health Foundation Enterprises, Inc. for the period of January 1, 2002 through June 30, 2004. The subcontractor Healthier Solutions, Inc. provides marketing/advertising support.
- Q-8: How has the department evaluated the success of the current campaign?
- A: Call volume to the toll-free number, press coverage, and number of targeted women served.
- Q-9: Page 15 of the RFP requires the proposer to provide a "...complete list of clients from 2001 to present." Is this required of only the proposed prime contractor or should the clients of major subcontractors be included as well?
- A: Applies to the prime contractor, not required for subcontractors.
- Q-10: The RFP requests creative samples for advertising, unique marketing and public relations/promotion. Should we include major subcontractor

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samples as well? If so, do those submissions count against the maximum requirement of five for advertising, five for PR/promotion and three unique marketing samples?

- A: Maximum allowable samples are per proposal, regardless of source.
- Q-11: When does CDS anticipate the integration of breast and cervical cancer communications efforts to occur?
- A: This effort is currently in process.
- Q-12: In past campaigns, how much of your budget has been used for paid advertising vs/ other forms of communication?
- A: It varies by campaign/contractor, ranging approximately from 30 to 50 percent.
- Q-13: What kind of targeted paid advertising have you used in the past?
- A: Various print, broadcast, outdoor, etc.
- Q-14: Are the corporate sponsorships, referred to on pages 7 and 8, still in place for the new campaign, or do they have to be renegotiated?
- Q-15: Who are the current sponsors, what do they do for the campaign and at what dollar levels?
- A: Sponsorships are in place and also will need to be renegotiated, refer to CDS/RFP website for details.
- Q-16: Is any of your past advertising reusable? If so, what costs should be budgeted for usage fees, residuals, etc., if we choose to use these materials/spots?
- A: Yes, all creative media is the property of CDS, and is reusable without fees or residual costs.
- Q-17: Has CDS set a goal or target for the number of breast cancer screenings or percentage increase of these screenings that it would like to achieve among the various target audiences?
- A: No specific target at this time. Targets are somewhat contingent upon program capacity and funds available to provide screening services.
- Q-18: Is there a specific numeric goal you would like to reach within the low-income and ethnic minority audiences specified in the RFP?

- A: No.
- Q-19: What phone service contractor is currently used for the toll-free line?
- Q-20: Who is the current call center contractor and how long is their contract?
- Q-21: Who is the current contractor for your 800 number? When does the current contract expire?
- A: Northern California Cancer Center (NCCC) located in Union City, California. The marketing campaign contractor is expected to coordinate with NCCC by informing them in advance of marketing or promotional activities that may impact call volume. NCCC in turn will provide feedback (e.g., call volume statistics) to the marketing campaign contractor. The current term of the call center contract is through June 30, 2005.
- Q-22: Page 8, Paragraph 3, regarding interaction with the Toll free number contractor. What are the current capabilities of call volume? Are there geographic limitations? Also, same paragraph references areas in the state partnership regions which are falling short of the screening goals which geographic areas specifically?
- Q-23: The RFP mentions there are specific regions that are in greater need of marketing support. Can you tell us which regions these are?
- Q-24: Which are the regions that are meeting screening goals and which are falling short?
- A: Please review the toll-free number statistics and media flow charts for past media activities and their impact on the toll-free number. With advance planning and sufficient notice, the toll-free number contractor may be able to increase its capacity. With regards to specific geographic areas that may fall short of screening goals, CDS encourages proposers to focus on an overall statewide effort for proposal purposes. CDS will work with the selected contractor to identify any specific targeted geographic outreach that is desired during the contract period.
- Q-25: When the phone service is at capacity, what alternative source for referral and information is available?
- A: Has not been an issue. Current contractor has exhibited adequate capacity.
- Q-26: How have the targeted audiences and others been prompted to call?
- A: Marketing and Partnership activities, refer to CDS/RFP website for details.

- Q-27: What is the current monthly call volume to the toll-free "800" line, and what is the ethnic breakdown of callers? Can you tell us the geographic distribution of the calls coming into the toll-free line?
- A: This data can be found in the CDS/RFP website under supplemental materials.
- Q-28: Will you require the contractor to provide reports on toll-free line activity? If so, what will be the frequency of such reports?
- A: Northern California Cancer Center provides monthly call/data report to marketing contractor and CDS.
- Q-29: Who are the members of the California Breast & Cervical Cancer Advisory Council referenced in the RFP, and what is the role of the council?
- Q-30: Where can we get information about the California Breast and Cervical Cancer Advisory Council?
- A: This information can be found on the CDS/RFP website under Addenda and Additional Information.
- Q-31: Is the Mothers Day promotion referenced in the SOW implemented in a uniform manner statewide?
- A: Yes.
- Q-32: What locations currently provide cervical cancer screening? Can you tell us which areas may be added?
- Q-33: Referencing Page 7, Point 2 (Background) Paragraph 2, as related to cervical cancer screening in select counties statewide. Which counties are offering these services?
- A: Currently available statewide through a growing network of providers.
- Q-34: What constitutes a conflict of interest for this account? What type of accounts or clients would prohibit a contractor from being awarded this business? Is it possible for a judgment or an evaluation to be made on that prior to submitting a proposal if we submit the details to you in writing?
- A: Guidance concerning conflicts of interest that would prohibit an award from this RFP is contained in Attachment 14 of the RFP. Every contractor's situation is different and must be evaluated on a case-by-case basis to determine whether a potential conflict exists and whether it can be resolved to the Department's satisfaction. The Department will conduct these evaluations after the certificate

is submitted in Stage 1, Part 1 of the RFP process. The Department will not conduct any pre-proposal informal evaluations.

- Q-35: How long does the process take for a woman from the time she makes the initial call to the toll-free line, to when she is able to go in for a screening, to the time the results are available? How long is the average "wait time" for a woman from when she enters the screening facility to when she is actually given the screening?
- A: Varies, based on a variety of factors. "Wait time" depends on patient response and provider capacity.
- Q-36: Are reprinting costs for the existing outreach materials to be included in the proposed budget?
- A: No.
- Q-37: a. Since my company does not meet Qualifications requirements #3 (i.e., \$2 million in gross billings), would a proposal collaboration with another California-based public relations firm position us as a viable candidate for this marketing campaign? (however, even with joint collaboration we do not meet Qualification Requirement #3).
 - b. If this is not a feasible option for my firm, how can I contact other bidders who do have the resources for this RFP and offer my firm as a subcontractor for copywriting services?
- A: a. The primary contractor must meet the gross billings requirement.
 - b. A list of firms that submitted a Letter of Intent will be available upon request after the Voluntary Letter of Intent submission deadline. Written requests must be submitted via fax to (916) 449-5310, attn: Peter Kaapcke.
 NOTE: Submission of a Voluntary Letter of Intent is no assurance that a proposal will be submitted by a proposer.
- Q-38: 1.4 Qualification Requirements, Is the 2 million per year average billing a hard qualification, or would a firm with 1 million per year billing be considered as a qualified Small Business, that is also a GSA Schedule and California Multiple Awards Schedule (CMAS) contractor?
- A: The \$2 Million per year in annual billings is a strict minimum requirement, no exceptions.
- Q-39: On page 12 of the RFP, Item I, Qualifications Requirements, number 3 states "Proposer must have an average of at least \$2 million in gross billings per year in calendar years 2001, 2002 and 2003." Since this contract is for only \$600,000 per year, and you are requiring documents to

- substantiate fiscal stability, why have you set the annual billings limits at three years at \$2 million?
- A: The minimum gross annual billings requirement is based on industry standard (i.e., America Association of Advertising Agencies) and DHS experience.
- Q-40: Section 3. d. Capability section questions 1-6. (a) Do you need this information for the proposer and its lead subs? Or only the proposer. Please clarify. (b) Is "spec" creative expected for this RFP?
- A: a. Not required for subcontractors.
 - b. Not required.
- Q-41: Is it possible for CDS to clarify expectations on the balance between advertising and public relations/marketing efforts?
- A: It is up to proposers to review and evaluate existing advertising materials/marketing efforts and to formulate their own advertising/public relations plans.
- Q-42: The RFP, Exhibit A, page 2, letter F, refers to the contractor's responsibility to "Develop, pre-test, and produce advertisements and public service announcements..." Given this Scope of Work mandate, is CDS anticipating the contractor will develop new creative? If so, is it possible for CDS to prioritize creative development expectations in terms of TV spots, PSAs, radio spots and collateral?
- A: Use of existing advertising and collateral materials can preserve valuable and significant resources. Contractors should review existing materials and incorporate appropriate materials, if any, into their plans. If a contractor recommends production of new or additional materials, it is up to the selected contractor and CDS project manager to prioritize additional creative development.
- Q-43: On page 19, 2) it states that the proposer has three pages to describe major subcontractors. (a) Is that three pages for each major subcontractor or three pages in total, and does the letter of agreement count as one of the pages? (b) Also, is the second sentence of b) the same information as d) and (c) is this different from the resumes required in 4) on page 20?
- A: a. No more than three pages for each subcontractor excluding the letter of agreement.
 - b. Item 2(b), second sentence is the same information as item 2(d).

- c. Page 20, item 4 requests subcontractor/consultant resumes; item 2(b) should be a narrative summary of subcontractor/consultant capability and qualifications.
- Q-44: On page 30 in the cost scoring example, it indicates that the oral interview score is a factor in the cost section. Is this correct?
- A: No, if CDS chooses to conduct the optional oral interviews, this will only apply to those finalists (up to three) who attain the highest total point score (technical score plus cost score).
- Q-45: On page 31, 7 Stage 7 Final Score Calculation, it indicates that the total point score is the sum of the technical and cost scores without an accounting of the oral interview score. Is this correct?

A: Yes.

Q-46: If the Prime Contractor is not a certified small business, but the Subcontractors are Certified Small Business, does a preference apply?

A: No.

Q-47: How many CDS providers are there statewide?

A: Approximately 1,300+ primary care providers, and growing.

- Q-48: Target Populations (Section A1, page 6), the RFP states that specific target groups include "African Americans, Asians and Pacific Islanders, Latinas and others...." Do you have statistical information that would indicate what groups are at a greater or lesser disposition for developing breast cancer? Is there any relevant regional statistics that would indicate a higher or lower success rate in any given area?
- A: See CDS/RFP website supplemental materials, CDS Information Packet. You may also refer to the California Cancer Registry website at www.ccrcal.org
- Q-49: Background (Section A2, page 7), the RFP state that "....170,130 women have been screened." Are there any statistics on the success of the program, or data on whether early detection rates have increased?
- A: See CDS/RFP website, supplemental materials, CDS Information Packet. You may also refer to the California Cancer Registry website at www.ccrcal.org
- Q-50: Background (Section A2, page 7), (a) Who, if any, are your main competitors in this space? (b) Are there other organizations in California that offer similar services?

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- A: a. None.
 - b. No.
- Q-51: Recent Marketing Campaign Efforts (Section A2, page 7) in addition to the PSA's, (a) are there any other high profile doctors affiliated with the campaign? Are there any official spokepeople?
- Q-52: (b) Who are your current spokespersons for the campaign? Are they bilingual and, if so, in what languages?
- A: a. No.
 - b. Refer to the CDS/RFP web site for current spokespersons.
- Q-53: Recent Marketing Campaign Efforts (Section A2, page 7), the RFP states that "In future years, CDS' responsibilities may expand beyond statewide breast cancer screening services and it's limited free cervical cancer screening services." What is the time frame for this expansion?
- A: No time frame has been established.
- Q-54: Recent Marketing Campaign Efforts (Section A2, page 8), the RFP indicates that you have partnered with some smaller-scale charities that target specific demographics. Have you ever partnered with a national, statewide or larger-scale cancer awareness charity? Have you hosted, sponsored or partnered with major charity events, such as walk-a-thons, or community fairs to raise awareness of cancer prevention?
- A: Refer to CDS/RFP website for recent marketing campaign efforts.
- Q-55: Calculations for Bidding Preference (Section L5, page 30), (a) will the agency decision be based on the lowest bidder? (b) How much of a preference will be given to small businesses?
- A: a. No, this is not a low bid model.
 - b. Refer to the RFP, Page 42, Section P1, Small Business Enterprises
- Q-56: Referencing Page 6, Point 3 regarding coordination with regional partnerships and other CDS contractors, (a) what are these specific partnerships, and (b) will awarding agency be allowed to develop additional partnerships and contact with additional advocacy groups, non-profits, etc?
- A: a. Regional Partnership profiles can be found on the CDS website, supplemental materials, CDS Information Packet.

- b. No additional Partnerships are planned at this time. The agency/contractor, in consultation with CDS, is encouraged to develop mutually beneficial relationships where appropriate.
- Q-57: Referencing, Page 6, Point 3, Paragraph 2 regarding priority target populations; is there a specific percentage or weight assigned to these specific minority groups?
- A: No.
- Q-58: Referencing Page 6, Point 3, Paragraph 5 regarding utilization of CDS statistics, scientific literature, and marketing information...", is this information identifying geographic areas and/or demographic information?
- A: This can be found on the CDS/RFP website under supplemental materials.
- Q-59: F.3 Work Plan Assignments/Take Over Plan, Is the DHS satisfied with the incumbent? If so, why are you issuing this RFP? If not, what areas is DHS looking to improve?
- Q-60: How successful does CDS think the last contractor's work was?
- A: DHS is satisfied with the current contractor. The purpose of the RFP is to find a qualified contractor for a new three year contract prior to the expiration of the current contract on June 30, 2004.
- Q-61: With regard to the budget, (a) we would like to know if the \$600,000 annual budget includes media purchases in addition to creative services and production. (b) If so, is there a specific percentage of budget that must be allocated to media?
- A: a. Yes, all costs must be included in the \$600,000 annual budget.
 - b. No specific portion of the budget must be allocated to media, it is a proposer decision.
- Q-62: How/where can we get a list of statewide clinical provider network?
- A: Not applicable to the RFP. Proposers should focus on an overall statewide effort for proposal purposes.
- Q-63: Who is producing photo documentary project?
- A: The project has been completed. It was produced by photographer Hulleah Tsinhnahjinnie.

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- Q-64: Does the CDS want new creative developed or would you be willing to consider the use of existing creative in order to divert funds to other outreach activities?
- A: We expect proposers to determine the best use of funds.
- Q-65: (a) Were all spots developed, as outlined on page 7 and 8, focus group tested? (b) If so, what were the results? Is appears that only focus group testing information on the web site was from 1995.
- A: a. Yes, all were focus group tested.
 - b. A variety of spots and versions of spots were tested in both English and Spanish focus groups. The spots that were selected to air received very positive feedback and resulted in a substantial increase in call volume to the toll-free number
- Q-66: Please confirm that the target audience for cervical cancer screenings is the same as the target for breast cancer screening.
- A: Targets are different for each. Cervical screening eligibility requires women be age 25 or older but the target audience for this marketing campaign is those who have rarely or never been screened; breast screening eligibility requires women be age 40 or older but the target audience for this marketing campaign places an emphasis on women 50 and older.
- Q-67: On Attachment 9, are you looking for the bidder to simply put in either I or C, for example, or are you also looking for the cost estimate for each line item?
- A: Only the letters indicated in each column heading is required (e.g. I or S for each line item in column 1; C or N for each line item in column 2, etc.).
- Q-68: On page 22, it states "for both media placement and major production you must indicate a mark-up percentage." If creative is not being done by an advertising firm, can the cost be submitted as a fee? If not, explain how would this information be submitted?
- A: A mark-up percentage must be indicated for both production and placement. If a proposer plans to use a subcontractor for creative production the cost can be submitted as a fee. Media placement must be shown as a percentage mark-up by the subcontractor based on the actual net cost of the media buy. The prime contractor also must indicate its commission charge as a percentage of the net cost of the media buy.
- Q-69: On the comparison chart that depicts annual number of all calls to NCCC and eligible calls, please confirm that all calls represents the number of

calls received and that eligible refers to the number of people that were actually eligible to participate in the program. If this is not correct, please explain.

A: This is correct.

Q-70: Has CDS or the incumbent conducted a statewide telephone benchmark and tracking surveys?

A: All data related to call volume and call tracking is compiled by the Northern California Cancer Center.

Q-71: Can CDS provide us with their analysis of the effectiveness of the previous campaign, i.e., was it extremely successful, somewhat, etc.?

A: Overall, to date CDS believes that the current campaign has been successful.

Q-72: Is all the ethnic advertising media available on the web site?

A: No, selected samples are on the website.

Q-73: What specific buys and strategies worked best in the opinion of CDS?

A: We feel generally that the media strategies employed have been successful. Evaluation of specifics is ongoing.

Q-74: What buys and strategies were less than effective and why?

A: None.

Q-75: Which markets did not receive adequate outreach, if any?

A: Due to budget limitations, cervical cancer outreach to targeted populations has not yet been fully developed.

Q-76: Can CDS share with us areas that fell short of screening goals?

A: Overall program goals are being met. Some areas are more established than others.

Q-77: Recent Marketing Campaign Efforts, Section A2, Page 8, (a) have you tracked individual success stories? (b) If so, have you used individual success stories or testimonials for media purposes?

A: a. Yes.

b. Yes.